



EFAP TRIBAL FOOD PANTRY/VOUCHER PROGRAM CLOSE-OUT REPORT INSTRUCTIONS

Important Notes:

- When completing the EFAP Tribal Food Pantry/Voucher Program Close-out Report (AGR FORM 609-2222) electronically, only enter data into cells that are **shaded yellow**. This form may be downloaded from the FAP website on the [Forms](#) page.
 - Please use \$12.47 per hour for donated labor and \$1.73 per pound for in-kind values. You may use whatever value you deem appropriate for other in-kind donations.
 - A signed and dated copy is due to the WSDA Food Assistance Programs by August 1, 2016. You may scan and email your signed report to your Food Assistance Programs Regional Representative.
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Contractor Information

1. Contractor Name and Address: Name of Contractor and mailing address including zip code.
 2. Contract Number: Contract Number assigned by the WSDA.
 3. Contact Person: The name of person who completed this form.
 - 4a. Phone number: Phone number of the contact person.
 - 4b. Email Address: Email address of the contact person.
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Expenditure Detail

- 5a. Total EFAP Reimbursement: Enter the actual amounts your tribe/agency was reimbursed from the state Emergency Food Assistance Program for SFY 2016. Enter the amounts expended in the appropriate categories. The electronic version will automatically calculate the total.
- 5b. Match (cash and in-kind donated): For FY 2016, enter the matching funds including the amounts of other cash resources used in the program (the first six rows), and the amount of donated in-kind match (rows 7-9), in each of the appropriate budget categories. **NOTE:** For the purposes of this program "In-Kind" is defined as services or food that is donated (offered for free) to the food pantry or voucher program. **Tribes are required to match the EFAP funds by at least 35 percent.**
6. Total Costs All Sources: The electronic version will calculate the totals automatically. If filling out the form by hand, enter your total program costs using **all** revenue sources, including EFAP funds, your matching cash funds and in-kind resources, (Columns 5a & 5b), for SFY 2016.

7. Totals: These will compute automatically in the electronic version. If you fill the form out by hand, enter the sums in 7a, 7b and 7c of all the budget categories in the above columns.
 8. EFAP Percent of Total: This will be computed automatically in the electronic version. If completing by hand, divide the total on line 7a. by the total on line 7c (Total EFAP Reimbursement divided by Total Costs-All Sources). The EFAP percentage must not exceed 74.09%. The match amount in 5b must be at least 35% of the total EFAP expenditures in 5a.
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Client Demographics

9. Full Service Clients: Enter the total number of food pantry full service clients and voucher clients served using all revenue sources, new and returning for each age category, and the number of households served for SFY 2016. The electronic version will automatically compute the client totals. Calculate and enter the totals if doing by hand. These totals should agree with what you sent WSDA over the course of the year.
10. Supplemental Clients: Enter the number of new and returning supplemental clients who received **only** supplemental food in your food pantry program, **only** if you tracked and reported clients in this category during SFY 2016. (Note: Those who received both your regular food bag and additional supplemental food are to be counted as full service clients only.)

For definitions of "Full Service" and "Supplemental" clients see policy manual, Definitions.

11. Food Purchase Dollars: Enter the amount you spent **of EFAP funds** on food purchases in SFY 2016.
 12. Special Dietary Needs Clients: Enter the number of special dietary needs clients served for SFY 2016, new and returning, **only** if you tracked and reported these numbers during the year.
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Pounds of Food Distributed to Clients

13. Pounds of food distributed by food pantry, full service clients. Enter the number of pounds of food you gave to your full service clients. This includes all donated and purchased food, **from all sources** for SFY 2016.
14. Pounds of food distributed by food pantry, supplemental clients. Enter the number of supplemental pounds of food distributed to your supplemental clients in SFY 2016, **only if** tracked and reported during the year.
15. Pounds of food distributed by food bank (distribution center): Enter the number of pounds of food given to the food pantry by your food bank for SFY 2016, **only if** you contracted with a distribution center using EFAP funds.

Vouchers Issued to Clients

16. Enter the total number of vouchers issued for SFY 2016, new and returning. (Hint: This should equal the number of households. If it does not, please explain on a separate sheet.)
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Certification

The report must be certified (signed) by an authorized representative. Please enter the title of the person signing the report and the date the report is signed.

NOTE: If you made any corrections in your demographic information over the course of the year and did not also send them to WSDA, then your totals and ours will not match! In order to remedy this, please send us those corrections with this report.

Return report by August 1, 2016:

Email an electronic version of the Close-out Report to your FAP Regional Representative:

Kyle Merslich, Program Specialist, kmerslich@agr.wa.gov or 360-725-5657
James Scovel, Program Specialist, jscovel@agr.wa.gov or 360-725-5641
Megan Harlan, Program Coordinator, mharlan@agr.wa.gov or 360-725-2858
Jasmine Sanborn, Program Coordinator, jsanborn@agr.wa.gov or 360-725-2853

Or mail a hardcopy version to:

Washington State Department of Agriculture - Food Assistance Programs
1111 Washington St. SE ~ PO Box 42560 ~ Olympia, WA 98504-2560

If you have technical or other problems completing this report, please do not hesitate to call or email your FAP Regional Representative.